

GILD NJIRES

THE AUCKLAND **DHB REGION**



(for the period 2006-2010)

3,744 kids were hospitalised for an injury.

21 kids died of injury related causes.

5 kids die every year because of an unintentional injury.

14% were ASSAULT 14% were SELF INFLICTED

o-4 year old kids are most at risk (93%).



NUMBER OF DEATHS BY ETHNIC GROUP

Pacific Peoples: 9 (Rate: 11.5) European/Other: <5 | Māori: <5 | Asian Peoples: <5

Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

LEADING CAUSE OF DEATH

10 children died from suffocation.



Note: Care must be taken when interpreting these figures as there may be some cross-over between suffocation and SUDI. The majority of deaths in this category occurred in infants < 1 year whilst they were in bed.

Other cause is:



WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

1% were ASSAULT 1% were SELF INFLICTED 1% were UNDETERMINED

*Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

730 kids are hospitalised EVERY YEAR because of an unintentional injury.



o-4 year old kids are most at risk (40%).



Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

Pacific Peoples: 208 (Rate: 1,323.6) | Māori: 113 (Rate: 1,105.2) | European/Other: 304 (Rate: 938.1) | Asian Peoples: 105 (Rate: 509.3)

HOSPITAL ADMISSIONS

RATE PER YEAR

Rate per year based on per











894

2012

2008 2009 2010 2011

COMMON CAUSES OF INJURY

RANK		0-4 years (n=1,452)			years 1,205)		10-14 years (n=991)			
1 st	Falls	*	39%	Falls	*	62%	Falls	*	50%	
2 nd	Other specified	4	23%	Other specified	4	8%	Struck by/ against	3 A.	12%	
3 rd	Hot water/ surface burn		7%	Cuts/ Piercing		7%	Cuts/ Piercing		10%	
4 th	Struck by/ against	*	7%	Struck by/ against	3 A.	6%	Pedal cyclist (non-MVTC)	P.	7%	
5 th	Poisoning	<u> </u>	6%	Pedal cyclist (non-MVTC)	P.	4%	Other specified	4	4%	

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INJURY



Fracture

44%



21%









Superficial/ contusion 5%

COMMON PLACES OF INIURY



41%





specified 7%

Sports Area 8%



7%

organ 5%



Road 6%









for an injury.

GILLI NJINES

DHB REGION

DEATHS

(for the period 2006-2010)

FTTTT

34 kids died of injury related causes.

O were UNINTENTIONAL*

2% were ASSAULT 1% were SELF INFLICTED <1% were UNDETERMINED

*Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

485 kids are hospitalised EVERY YEAR because of an unintentional injury.

10-14 year old kids are most at risk (37%).

NUMBER OF ADMISSIONS PER YEAR BY ETHNIC GROUP (2008-2012)

European/Other: 251 (Rate: 1,038.9) | Māori: 211 (Rate: 1,193.8) | Asian Peoples: 12 (Rate: 785.1) | Pacific Peoples: 10 (1,108.7) Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per

RANK

1st

2nd

3rd

Poisoning

surface burn











10-14 years

Other land

2008 2011 2012 2010

5 kids die EVERY YEAR because of an unintentional injury.

12% were SELF INFLICTED 9% were ASSAULT 6% were UNDETERMINED

10-14 year old kids are most at risk (48%).



NUMBER OF DEATHS BY ETHNIC GROUP

Māori: 12 (Rate: 13.7) | European/Other: 12 (Rate: 9.8) | Pacific Peoples: <5

LEADING CAUSE OF DEATH

9 children died from a motor vehicle traffic crash as an occupant.



Other causes are:



Suffocation:



<5

Pedal cyclist (Non-MVTC): **<**5



transport:

<5

MVTC = Motor Vehicle Traffic Crash

WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

COMMON TYPES OF INIURY

COMMON CAUSES OF INJURY



Fracture

46%

Open wound

12%





Internal

organ 8%

specified

(Non-MVTC)



Piercing

MVTC = Motor Vehicle Traffic Crash



Superficial/ contusion 7%

Other specified 4%

COMMON PLACES OF INJURY



40%



Sports Area 9%





5th Floor, Cornwall Complex 40 Claude Road, Epsom, Auckland 1023 PO Box 26488, Epsom, Auckland 1344 New Zealand

P+64 9 630 9955 F+64 9 630 9961 info@safekids.nz www.safekids.nz f)/SafekidsAotearoa)/SafekidsNZ





DHB REGION

GILLI IN IN ES

DEATHS

(for the period 2006-2010)

3,841 kids were hospitalised for an injury.

41 kids died of injury related causes.

7% were SELF INFLICTED 7% were ASSAULT

kids die EVERY YEAR because of an unintentional injury.

o-4 year old kids are most at risk (60%).



NUMBER OF DEATHS BY ETHNIC GROUP

Māori: 8 (Rate: 12.1) | European/Other: 23 (Rate: 6.5) | Pacific Peoples: <5 | Asian Peoples: <5

LEADING CAUSE OF DEATH

16 children died from suffocation.

Note: Care must be taken when interpreting these figures as there may be some cross-over between suffocation and SUDI. The majority of deaths in this category occurred in infants < 1 year whilst they were in bed.

Other causes are:







WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

1% were ASSAULT 1% were SELF INFLICTED 1% were UNDETERMINED *Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

45 kids are hospitalised EVERY YEAR because of an unintentional injury.

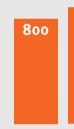
5-9 year old kids most at risk (35%).

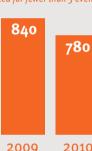
NUMBER OF ADMISSIONS PER YEAR BY ETHNIC **GROUP (2008-2012)**

European/Other: 592 (Rate: 855.0) | Māori: 93 (Rate: 672.6) | Pacific Peoples: 35 (Rate: 975.9) | Asian Peoples: 25 (377.9) Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL **ADMISSIONS RATE PER YEAR**

Rate per year based on per









2008 2009 2010

COMMON CAUSES OF INJURY

RANK		o-4 years (n=1,248)			years 1,316)		10-14 years (n=1,160)			
1 st	Falls	*	42%	Falls	*	65%	Falls	*	49%	
2 nd	Other specified	4	14%	Other specified	4	8%	Struck by/ against	3 A.	9%	
3 rd	Poisoning	<u> </u>	12%	Struck by/ against *	7 7	6%	Other land transport	% ₩	8%	
4 th	Hot water/ surface burn		8%	Pedal cyclist (Non-MVTC)	7.3	4%	Pedal cyclist (Non-MVTC)	?	8%	
5 th	Struck by/ against	7 7.	6%	Cuts/ Piercing	J	4%	Cuts/ Piercing		5%	

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INJURY



Fracture











Other specified 4%

48% 14% organ 7%

COMMON PLACES OF INJURY



31%



15%

Sports Area 10%



6%

Road 5%

This infographic was developed by:



5th Floor, Cornwall Complex 40 Claude Road, Epsom, Auckland 1023 PO Box 26488, Epsom, Auckland 1344 New Zealand f)/SafekidsAotearoa)/SafekidsNZ



for an injury.

DHB REGION



11 kids died of injury related causes.

1% were ASSAULT 1% were SELF INFLICTED 1% were UNDETERMINED

*Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

447 kids are hospitalised EVERY YEAR because of an unintentional injury.



5-9 year old kids are most at risk (36%).

NUMBER OF ADMISSIONS PER YEAR BY ETHNIC GROUP (2008-2012)

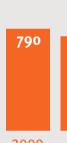
European/Other: 269 (Rate: 836.3) | Maori: 90 (Rate: 906) | Pacific Peoples: 60 (Rate: 978.7) | Asian Peoples: 27 (Rate: 459.1) Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per



2008







2012

2009 2010 2011

872

COMMON CAUSES OF INJURY

RANK		o-4 years (n=793)			years =797)		10-14 years (n=645)			
1 st	Falls	*	45%	Falls	*	72%	Falls	*	55%	
2 nd	Other specified	4	17%	Other specified	4	8%	Struck by/ against	3 A.	9%	
3 rd	Hot water/ surface burn		8%	Struck by/ against	3 7 1	5%	Pedal cyclist (Non-MVTC)	?	7%	
4 th	Poisoning		8%	Cuts/ Piercing	7	3%	Cuts/ Piercing	73/15	6%	
5 th	Struck by/ against	7 7.	5%	Natural/ environment	*	3%		d transport verexertion	4% 4%	

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INJURY



Fracture

50%







organ 6%





Other specified 5%

Superficial/ contusion 4%

COMMON PLACES OF INJURY

15%



30%



19%

Outdoors

9%



7%

5%

Road

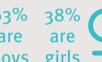
18% were SELF INFLICTED 9% were ASSAULT

5 kids die EVERY YEAR because of an unintentional injury.

o-4 year old kids are most at risk (75%).







NUMBER OF DEATHS BY ETHNIC GROUP

European/Other: <5 | Maori: <5 | Pacific Peoples: <5 | Other <5

LEADING CAUSE OF DEATH

5 children died from suffocation.









Note: Care must be taken when interpreting these figures as there may be some cross-over between suffocation and SUDI. The majority of deaths in this category occurred in infants < 1 year whilst they were in bed.

Other causes are:





Pedal cyclist:

WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

This infographic was developed by:



5th Floor, Cornwall Complex 40 Claude Road, Epsom, Auckland 1023 PO Box 26488, Epsom, Auckland 1344 New Zealand f)/SafekidsAotearoa)/SafekidsNZ



GILLI NJINES **DHB REGION**

DEATHS (for the period 2006-2010)

5,934 kids were hospitalised for an injury.

71 kids died of injury related causes.

11 kids die EVERY YEAR because of an

11% were ASSAULT 10% were SELF INFLICTED

o-4 year old kids are most at risk (68%).



NUMBER OF DEATHS BY ETHNIC GROUP

unintentional injury.

Māori: 39 (Rate: 26.8) | Pacific Peoples: 12 (Rate: 7) | European/Other: <5 | Asian Peoples <5

LEADING CAUSE OF DEATH

21 children died from suffocation

Note: Care must be taken when interpreting these figures as there may be some cross-over between suffocation and SUDI. The majority of deaths in this category occurred in infants < 1 year whilst they were in bed.

Other causes are:



Motor vehicle crash (occupant):





MVTC = Motor Vehicle Traffic Crash

WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

2% were ASSAULT 1% were SELF INFLICTED 1% were UNDETERMINED *Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

1,144 kids are hospitalised EVERY YEAR because of an unintentional injury.



o-4 year old kids are most at risk (39%).

NUMBER OF ADMISSIONS PER YEAR BY ETHNIC GROUP (2008-2012)

Pacific Peoples: 411 (Rate: 1,149.9) | European/Other: 323 (Rate: 962) | Māori: 321 (Rate: 1,067) | Asian Peoples: 89 (Rate: 423.3) Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per









2012 2011

COMMON CAUSES OF INJURY

RANK		0-4 years (n=2,227)			years 1,896)		10-14 years (n=1,595)		
1 st	Falls	*	39%	Falls	*	58%	Falls	*	45%
2 nd	Other specified	4	18%	Other specified	4	8%	Struck by/ against	3 A.	12%
3 rd	Hot water/ surface burn		9%		Cut/pierce by/ against		Cuts/ Piercing	79/15	9%
4 th	Poisoning		7%	Pedal cyclist (Non-MVTC)	P	5%	Pedal cyclist (Non-MVTC)	P.	6%
5 th	Struck by/ against	7 7.	6%	Natural/ environment	*	4%	Other land transport	% ₩	5%

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INJURY



Fracture

45%





Other specified 6% 5%





Superficial/ contusion 5%

COMMON PLACES OF INIURY

21%





6% 14%

Road

Outdoors 5%



4%









DHB REGION

DEATHS

(for the period 2006-2010)

1,676 kids were hospitalised for an injury.

38 kids died of injury related causes.

of these 95% were UNINTENTIONAL*

5% were ASSAULT

2% were SELF INFLICTED 1% were ASSAULT

*Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

326 kids are hospitalised EVERY YEAR because of an unintentional injury.



o-4 year old kids are most at risk (37%).

NUMBER OF ADMISSIONS PER YEAR BY ETHNIC GROUP (2008-2012)

European/Other: 152 (Rate: 839) | Māori: 152 (Rate: 1,128.1) | Pacific Peoples: 17 (Rate: 1,005.8) | Asian Peoples: 5 (Rate: 538.8) Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per









2012 2011

COMMON CAUSES OF INJURY

RANK		years =598)		years =543)		10-14 years (n=487)			
1 st	Falls	39%	Falls	*	61%	Falls	*	41%	
2 nd	Other specified	7 17%	Other specified	4	9%	Other land transport	% ₩	11%	
3 rd	Poisoning	11%	Struck by/ against '	3. A.	5%	Struck by/ against	3. T.	10%	
4 th	Struck by/ against	7 7%	Pedal cyclist (Non-MVTC)	?	4%	Pedal cyclist (Non-MVTC)	P.A.	9%	
5 th	Hot water/ surface burn	7%	Cuts/ Piercing		4%	Cuts/ Piercing	1	7%	

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INJURY



Fracture

48%









Other specified 6%

Superficial/ contusion 5%

COMMON PLACES OF INJURY

15%



44%



School 11%

Outdoors 9%

Internal

organ 6%

Sports Area

7%



o-4 year old kids are most

(56%).



7 kids die EVERY YEAR because of an

NUMBER OF DEATHS BY ETHNIC GROUP

unintentional injury.

Māori: 23 (Rate: 34.8) | European/Other: 8 (Rate: 8.5) | Pacific Peoples: <5 | Asian Peoples <5

LEADING CAUSE OF DEATH

10 children died from a motor vehicle crash as an occupant.



Other causes are:







Other land transport:



WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

This infographic was developed by:



5th Floor, Cornwall Complex 40 Claude Road, Epsom, Auckland 1023 PO Box 26488, Epsom, Auckland 1344 New Zealand f)/SafekidsAotearoa)/SafekidsNZ



DHB REGION



(for the period 2006-2010)

1,199 kids were hospitalised for an injury.

23 kids died of injury related causes.

of these

5 kids die EVERY YEAR because of an unintentional injury.

9% were ASSAULT 4% were SELF INFLICTED

o-4 year old kids are most at risk (95%).



NUMBER OF DEATHS BY **ETHNIC GROUP**

Māori: 16 (Rate: 18.6) | European/Other: <5 | Pacific Peoples: <5 | Asian Peoples <5 Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

LEADING CAUSE OF DEATH

17 children died from suffocation.



Note: Care must be taken when interpreting these figures as there may be some cross-over between suffocation and SUDI. The majority of deaths in this category occurred in infants < 1 year whilst they were in bed.

were UNINTENTIONAL*

1% were SELF INFLICTED 1% were ASSAULT 1% was UNDETERMINED

*Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

233 kids are hospitalised EVERY YEAR because of an unintentional injury.



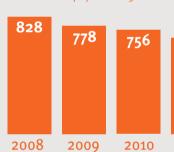
0-4 and 5-9 vear old kids are most at risk (36%) each.

NUMBER OF ADMISSIONS PER YEAR BY ETHNIC GROUP (2008-2012)

European/Other: 119 (Rate: 714.1) | Māori: 75 (Rate: 879.4) | Pacific Peoples: 30 (Rate: 852.3) | Asian Peoples: 10 (Rate: 374.1) Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per







RANK		years =415)			years 417)		10-14 years (n=333)			
1 st	Falls	*	34%	Falls	*	67%	Falls	*	45%	
2 nd	Other specified	1 4	21%	Other specified	4	9%	Struck by/ against	3 A.	13%	
3 rd	Hot water/ surface burn		11%	Struck by/ against *	7 7	4%	Pedal cyclist		8%	
4 th	Poisoning	<u> </u>	9%	Cuts/ Piercing		4%		ts/ Piercing er specified	6% 6%	
5 th	Struck by/ against	3 7.	7%	Pedal cyclist (Non-MVTC)	7.3	3%		verexertion d transport	5% 5%	

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INJURY

COMMON CAUSES OF INJURY



Fracture

49%









Internal organ 5%

Superficial/ contusion 4%

COMMON PLACES OF INIURY



36%



18%



Outdoors: 8%



7%

6%



WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

This infographic was developed by:



5th Floor, Cornwall Complex 40 Claude Road, Epsom, Auckland 1023 PO Box 26488, Epsom, Auckland 1344 New Zealand

f)/SafekidsAotearoa)/SafekidsNZ



THEST IN EST

DHB REGION



1,239 kids were hospitalised for an injury.

25 kids died of injury related causes.

8% were ASSAULT 4% were SELF INFLICTED

4 kids die EVERY YEAR because of an unintentional injury.

o-4 year old kids are most at risk (68%).



NUMBER OF DEATHS BY ETHNIC GROUP

Māori: 19 (Rate: 32.2) | European/Other: <5

Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

LEADING CAUSE OF DEATH

10 children died from suffocation.



Note: Care must be taken when interpreting these figures as there may be some cross-over between suffocation and SUDI. The majority of deaths in this category occurred in infants < 1 year whilst they were in bed.

Other leading cause:



WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

2% were ASSAULT 1% were SELF INFLICTED

*Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

240 kids are hospitalised EVERY YEAR because of an unintentional injury.



o-4 year old kids are most at risk (34%).

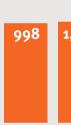
NUMBER OF ADMISSIONS PER YEAR BY ETHNIC **GROUP (2008-2012)**

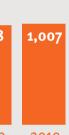
Māori: 133 (Rate: 1,126.3) | European/Other: 94 (Rate: 920.3) | Pacific Peoples: 7 (Rate: 945.6) | Asian Peoples: 6 (Rate: 773.2) Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per











2012 2009 2011

COMMON CAUSES OF INJURY

RANK		years =405)			years =401)		10-14 years (n=396)			
1 st	Falls	*	40%	Falls	*	60%	Falls	*	36%	
2 nd	Poisoning		12%	Pedal cyclist (Non-MVTC)	Ť.	7%		oy/ against d transport	11% 11%	
3 rd	Other specified	4	11%	Struck by/ against °	3 7.	6%	Pedal cyclist (Non-MVTC)	P.	11%	
4 th	Hot water/ surface burn		8%	Other specified	4	5%		s/ Piercing verexertion	5% 5%	
5 th	Struck by/ against '	3 7.	7%		s/ Piercing d transport		Motor vehicle crash (occupant)	1	4%	

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INJURY



Fracture

44%











organ 8%



Other specified 5%

COMMON PLACES OF INJURY

11%



41%



School Outdoors 16% 9%

Sports Area

9%





This infographic was developed by:





DHB REGION

DEATHS (for the period 2006-2010)

1,460 kids were hospitalised for an injury.

27 kids died of injury related causes.

of these 96% were UNINTENTIONAL*

4% were ASSAULT

5 kids die EVERY YEAR because of an unintentional injury.

TTT

o-4 year old kids are most at risk (58%).



NUMBER OF DEATHS BY

ETHNIC GROUP

European/Other: 13 (Rate: 12.3) | Māori: 12 (Rate: 22.6) | Pacific Peoples: <5

LEADING CAUSE OF DEATH

8 children died from a motor vehicle traffic crash as an occupant.



Other causes are:



Drowning: <5





WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

2% were ASSAULT 1% were SELF INFLICTED

*Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

282 kids are hospitalised EVERY YEAR because of an unintentional injury.



0-4 and 5-9 year old kids are most at risk (34% each).

NUMBER OF ADMISSIONS PER YEAR BY ETHNIC GROUP (2008-2012)

European/Other: 181 (Rate: 881.4) | Māori: 82 (Rate: 763) | Pacific Peoples: 12 (Rate: 893.9) | Asian Peoples: 7 (473.6) Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

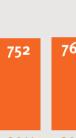
HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per











2012 2008 2011 2009 2010

COMMON CAUSES OF INJURY

RANK		o-4 years (n=475)			years =480)		10-14 years (n=456)			
1 st	Falls	*	38%	Falls	*	61%	Falls	*	40%	
2 nd	Poisoning		13%	Other specified	4	7%	Other land transport	% ₩	11%	
3 rd	Other specified	4	10%	Struck by/ against	3 A.	7%	Struck by/ against	3 A.	9%	
4 th	Hot water/ surface burn		9%	Other land transport	% ₩	3%	Pedal cyclist (Non-MVTC)	?	9%	
5 th	Natural/en Struck b	vironment y/ against		Pedal cyclist (Non-MVTC)	P .	3%	Cuts/ Piercing	73/12	6%	

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INIURY



Fracture

49%







Burn 5%

Superficial/ contusion 5%

COMMON PLACES OF INJURY

12%



26%



12%



organ 7%

Sports Area 7%



6%



This infographic was developed by:



5th Floor, Cornwall Complex 40 Claude Road, Epsom, Auckland 1023 PO Box 26488, Epsom, Auckland 1344 New Zealand



an injury.

DHB REGION

GILLI NJIRES

(for the period 2006-2010)

13 kids died of injury related

causes.

2% were ASSAULT 1% were SELF INFLICTED 1% were UNDETERMINED *Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

168 kids are hospitalised EVERY YEAR because of an unintentional injury.

10-14 year old kids are most at risk (34%).

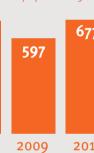
NUMBER OF ADMISSIONS PER YEAR BY ETHNIC GROUP (2008-2012)

European/Other: 138 (Rate: 663.7) | Māori: 25 (Rate: 585.7) | Pacific Peoples: <5 | Asian Peoples: <5 Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per









565

2012

5 kids die EVERY YEAR because of an unintentional injury.

o-4 year old kids are most at risk (45%).



15% were ASSAULT

NUMBER OF DEATHS BY ETHNIC GROUP

European/Other: 7 (Rate: 6.7) Māori: <5 | Asian: <5

Rate per 100,000 children per vear. Rates are not calculated for fewer than 5 events

LEADING CAUSES OF DEATH

<5 children died from</p> suffocation.



Note: Care must be taken when interpreting these figures as there may be some cross-over between suffocation and SUDI. The majority of deaths in this category occurred in infants < 1 year whilst they were in bed.



(Non-MVTC): **<**5



Other causes are:

WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

COMMON CAUSES OF INJURY

RANK		0-4 years (n=279)			years =272)		10-14 years (n=290)			
1 st	Falls	*	41%	Falls	*	61%	Falls	*	46%	
2 nd	Poisoning		18%	Pedal cyclist (Non-MVTC)	?	6%	Pedal cyclist (Non-MVTC)	T.	14%	
3 rd	Other specified	4	8%	Other specified	4	6%	Other land transport	% ₩	11%	
4 th	Struck by/ against	3 7	7%	Other land transport	% ₩	6%	Struck by/ against	3.7°	8%	
5 th	Hot water/ surface burn		6%	Struck by/ against	3 A.	, 5%	Overexertion	**************************************	4%	

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INIURY



Fracture

44%



Open wound

10%



organ 8%





Superficial/ contusion 5%

Poisoning 5%

COMMON PLACES OF INJURY



41%





Sports Area Outdoors 11% 10%





This infographic was developed by:





f)/SafekidsAotearoa)/SafekidsNZ



LIIIII NI RIES

THE NORTHLAND **DHB REGION**

DEATHS

(for the period 2006-2010)

1,689 kids were hospitalised for an injury.

41 kids died of injury related causes.

7% were ASSAULT 5% were SELF INFLICTED

7 kids die EVERY YEAR because of an unintentional injury.

o-4 year old kids are most at risk (72%).



NUMBER OF DEATHS BY ETHNIC GROUP

Māori: 28 (Rate: 33.2) | European/Other: 7 (Rate: 8.4) | Pacific Peoples: <5

LEADING CAUSE OF DEATH

16 children died from suffocation.



Note: Care must be taken when interpreting these figures as there may be some cross-over between suffocation and SUDI. The majority of deaths in this category occurred in infants < 1 year whilst they were in bed.

Other causes are:



Drowning: <5 Pedestrian (MVTC): <5 Burn (Fire/ flame): <5 Other land transport: <5 Pedestrian (Non-MVTC): <5 Poisoning: <5

MVTC = Motor Vehicle Traffic Crash

WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

2% were ASSAULT 1% were SELF INFLICTED

*Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

32/ kids are hospitalised EVERY YEAR because of an unintentional injury.



5-9 year old kids are most at risk (34%).

NUMBER OF ADMISSIONS PER YEAR BY ETHNIC GROUP (2008-2012)

European/Other: 139 (Rate: 858.7) | Māori: 177 (Rate: 1,039.9) | Pacific Peoples: 7 (Rate: 1,002.8) | Asian Peoples: <5 Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per













2009 2010 2011

COMMON CAUSES OF INJURY

RANK		o-4 years (n=537)			years =561)		10-14 years (n=537)			
1 st	Falls	*	41%	Falls	*	58%	Falls	*	41%	
2 nd	Poisoning	<u> </u>	11%	Other specified	4	8%	Other land transport	% □	14%	
3 rd	Other specified	4	9%	Pedal cyclist (Non-MVTC)	P.	7%	Struck by/ against	3.7°	8%	
4 th	Hot water/ sur Struck by	rface burn y/ against	7% 7%	Cuts/ piercing		6%	Cuts/ piercing	-3/AX	7%	
5 th	Natural/ environment	*	5%	Struck by/ against •	3 4 5	6%	Pedal cyclist (Non-MVTC)	?	7%	

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INJURY



Fracture

50%







contusion 7%





Other specified 6%

Internal organ 6%

COMMON PLACES OF INJURY

13%



40%



14%

Outdoors 8%



7%



6%







INJURIES (for the period 2008-2012)

DHB REGION

GHLI MURIES

334 kids were hospitalised for an injury.







Fracture: 46%







Internal organ 10%

Other specified 5%



Poisoning 4%



4%

2% were UNDETERMINED 1% were SELF INFLICTED

*Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

65 kids are hospitalised EVERY YEAR because of an unintentional injury.





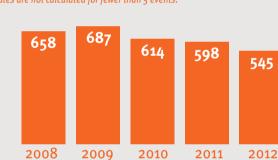
10-14 year old kids are most at risk (37%).

NUMBER OF ADMISSIONS PER YEAR BY ETHNIC GROUP (2008-2012)

European/Other: 54 (Rate: 619) | Māori: 7 (Rate: 540.5) | Pacific Peoples: <5 | Asian Peoples: <5 Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per 100,000 children.



COMMON CAUSES OF INJURY

RANK		years =111)			years =94)		10-14 years (n=118)		
1 st	Falls	*	34%	Falls	*	63%	Falls	*	38%
2 nd	Poisoning		15%	Pedal cyclist (Non-MVTC)	P.	11%	Other land transport	% □	15%
3 rd	Hot water/ surface burn		9%	Cuts/ Piercing		4%	Pedal cyclist (Non-MVTC)	P .%	14%
4 th	Struck by/ against	3 7.	8%	Struck by/ against	<i>\$</i> 7	4%	Struck by/ against	3. A.	12%
5 th	Other specified	4	7%	Motor Vehicle Traffic Crash (occupant)	12	3%	Other specified	4	3%

MVTC = Motor Vehicle Traffic Crash

COMMON PLACES OF INJURY



46%



13%



11%





Sports Area 6%

DEATHS

(for the period 2006-2010)

5 kids died of injury related deaths and ALL were UNINTENTIONAL

WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

This infographic was developed by:



5th Floor, Cornwall Complex 40 Claude Road, Epsom, Auckland 1023 PO Box 26488, Epsom, Auckland 1344 New Zealand f)/SafekidsAotearoa)/SafekidsNZ



for an injury.

THE SOUTHERN **DHB REGION**

DEATHS

(for the period 2006-2010)

16 kids died of injury related causes.

2% were SELF INFLICTED 1% were ASSAULT 1% were UNDETERMINED *Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

403 kids are hospitalised EVERY YEAR because of an unintentional injury.

10-14 year old kids are most at risk (36%).



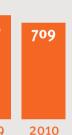
European/Other: 327 (Rate: 770.2) | Māori: 56 (Rate: 626.8) | Pacific Peoples: 12 (Rate: 886.9) | Asian Peoples: 8 (Rate: 505.1) Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per







701 703 2012 2010 2011

COMMON CAUSES OF INJURY

RANK		o-4 years (n=645)			years :642)		10-14 years (n=728)		
1 st	Falls	*	39%	Falls	*	58%	Falls	*	44%
2 nd	Other specified	4	15%	Struck b Pedal cyclist (N	y/ against lon-MVTC)	6% 6%	Other land transport	% ₩	12%
3 rd	Poisoning	<u> </u>	14%	Other specified	4	6%	Struck by/ against	3 A.	11%
4 th	Struck by/ against *	3 4	7%	Other land transport	♣ ♣	5%	Pedal cyclist (Non-MVTC)	?	10%
5 th	Hot water/ surface burn		6%	Cuts/ Piercing		5%	Cuts/ Piercing		5%

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INIURY



Fracture

47%





12%







Other specified 5%

Superficial/ contusion 4%

COMMON PLACES OF INIURY



39%



School 14%

organ 9%

Sports Area 12%



Road 7%



This infographic was developed by:



5th Floor, Cornwall Complex 40 Claude Road, Epsom, Auckland 1023 PO Box 26488, Epsom, Auckland 1344 New Zealand

13% were ASSAULT 6% were SELF INFLICTED

5 kids die EVERY YEAR because of an unintentional injury.

o-4 year old kids are most at risk (38%).







European/Other: 9 (Rates: 4.2) | Māori: <5 | Asian Peoples: <5

LEADING CAUSE OF DEATH

<5 children died from</p> suffocation.



Note: Care must be taken when interpreting these figures as there may be some cross-over between suffocation and SUDI. The majority of deaths in this category occurred in infants < 1 year whilst they were in bed.

Other causes are:



Motor vehicle crash (occupant): **<**5





transport: <5

P+64 9 630 9955 F+64 9 630 9961 info@safekids.nz

www.safekids.nz

WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.



an injury.

DHB REGION

GILLI III II ES

DEATHS (for the period 2006-2010)

10 kids died

of injury related causes.

1% were SELF INFLICTED 1% were ASSAULT 1% were UNDETERMINED *Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

121 kids are hospitalised EVERY YEAR because of an unintentional injury.





o-4 year old kids are most at risk (36%).

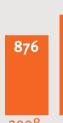
NUMBER OF ADMISSIONS PER YEAR BY **ETHNIC GROUP (2008-2012)**

Māori: 82 (Rate: 1,129.8) | European/Other: 34 (Rate: 901.4) | Pacific Peoples: <5

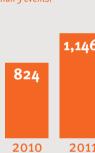
Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per







1,296 1,146 2012 2011

COMMON CAUSES OF INJURY

RANK	o-4 years (n=217)			5-9 years (n=210)			10-14 years (n=176)		
1 st	Falls	*	37%	Falls	*	52%	Falls	*	36%
2 nd	Poisoning	<u> </u>	11%	Pedal cyclist (Non-MVTC)	P.	9%	Other land transport	¾ ₩	13%
3 rd	Hot water/ surface burn		10%	Cuts/ Piercing		8%	Struck by/ against	3. A.	11%
4 th	Other specified	4	8%	Other specified	4	7%	Pedal cyclist (Non-MVTC)	P .3.	9%
5 th	Struck by/ against	3.7°	, 7%	Other land transport	% ₩	6%		raffic Crash (occupant) ts/ Piercing	7% 7%

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INJURY



45%









Internal organ 6%



Burn 5%



Superficial/ contusion 5%

COMMON PLACES OF INJURY



40%



14%



10%



Sports Area 8%



This infographic was developed by:



5th Floor, Cornwall Complex 40 Claude Road, Epsom, Auckland 1023 PO Box 26488, Epsom, Auckland 1344 New Zealand f)/SafekidsAotearoa)/SafekidsNZ

P+64 9 630 9955 F+64 9 630 9961 info@safekids.nz www.safekids.nz

of these **90%** were UNIN

Kids die EVERY YEAR because of an unintentional injury.

o-4 year old kids are most at risk (67%)





NUMBER OF DEATHS BY ETHNIC GROUP

Māori: 8 (Rate: 22) | European: <5

Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

LEADING CAUSE OF DEATH

<5 children died from</p> suffocation.



Note: Care must be taken when interpreting these figures as there may be some cross-over between suffocation and SUDI. The majority of deaths in this category occurred in infants < 1 year whilst they were in bed.

Other leading cause:



WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.



DHB REGION

GILLI NJINES

DEATHS (for the period 2006-2010)

6 kids died of injury related causes.

5 kids die EVERY YEAR because of an unintentional injury.

o-4 year old kids are most at risk (83%).



NUMBER OF DEATHS BY ETHNIC GROUP

Māori: <5 | European/Other: <5

Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

LEADING CAUSES OF DEATH



Drowning:



Suffocation:

Note: Care must be taken when interpreting these figures as there may be some cross-over between suffocation and SUDI. The majority of deaths in this category occurred in infants < 1 year whilst they were in bed.

WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

an injury.

1% were SELF INFLICTED 1% were ASSAULT

*Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

185 kids are hospitalised EVERY YEAR because of an unintentional injury.



10-14 year old kids are most at risk (35%).

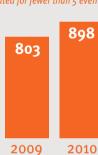
NUMBER OF ADMISSIONS PER YEAR BY ETHNIC GROUP (2008-2012)

European/Other: 129 (Rate: 845.8) | Māori: 50 (Rate: 779.9) | Pacific Peoples: <5 | Asian Peoples: <5 Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per 100,000 children













2012 2011

COMMON CAUSES OF INJURY

RANK	o-4 years (n=293)			5-9 years (n=311)			10-14 years (n=323)		
1 st	Falls	*	44%	Falls	*	58%	Falls	*	39%
2 nd	Poisoning		12%	Pedal cyclist (Non-MVTC)	P.	8%	Other land transport	% ⊒	14%
3 rd	Other specified	4	11%	Struck by/ against *	7 7	6%	Pedal cyclist (Non-MVTC)	?	10%
4 th	Hot water/ surface burn		7%	Cuts/ Piercing		5%	Struck by/ against	3. T.	9%
5 th	Natural/ environment	*	5%	Other specified	4	5%	Cuts/ Piercing		8%

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INJURY



Fracture

52%



Open wound

12%



organ 6%





Superficial/ contusion 5%

Other specified 5%

COMMON PLACES OF INJURY



34%



15%

Sports Area 9%





Outdoors 6%

This infographic was developed by:







for an injury.

CHILD NURS **DHB REGION**

DEATHS (for the period 2006-2010)

44 kids died of injury related causes.

7% were SELF INFLICTED 2% were ASSAULT 2% were UNDETERMINED

8 kids die EVERY YEAR because of an

o-4 year old kids are most at risk (62%).



unintentional injury.

NUMBER OF DEATHS BY ETHNIC GROUP

European/Other: 20 (Rate: 8.7) | Māori: 17 (Rate: 12.9) | Pacific Peoples: <5 | Asian Peoples <5

LEADING CAUSE OF DEATH

11 children died from suffocation.





Note: Care must be taken when interpreting these figures as there may be some cross-over between suffocation and SUDI. The majority of deaths in this category occurred in infants < 1 year whilst they were in bed.

Other causes are:



Motor vehicle crash (occupant):



Pedestrian (MVTC): ⟨5

MVTC = Motor Vehicle Traffic Crash

WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

1% were SELF INFLICTED 1% were ASSAULT

*Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

714 kids are hospitalised EVERY YEAR because of an unintentional injury.



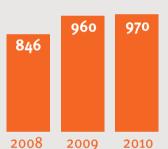
10-14 year old kids are most at risk (34%).

NUMBER OF ADMISSIONS PER YEAR BY ETHNIC GROUP (2008-2012)

European/Other: 418 (Rate: 924.8) | Māori: 254 (Rate: 940) | Pacific Peoples: 24 (Rate: 899.6) | Asian Peoples: 18 (Rate: 401.7) Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per



821

897

2012 2009 2011

COMMON CAUSES OF INJURY

RANK	0-4 years (n=1,181)			5-9 years (n=1,161)			10-14 years (n=1,227)		
1 st	Falls	*	38%	Falls	*	53%	Falls	*	44%
2 nd	Other specified	4	17%	Pedal cyclist (Non-MVTC)	? .*	8%	Other land transport	♣	9%
3 rd	Hot water/ surface burn		8%	Other specified	1 4	7%	Struck by/ against	<i>\$</i> 7	9%
4 th	Poisoning		6%	Struck by/ against	<i>\$</i> ***	6%	Pedal cyclist (Non-MVTC)	P	8%
5 th	Struck by/ against	3-A°	6%	Cuts/ Piercing		6%	Cuts/ Piercing	沙区	7%

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INJURY



Fracture

47%



Open wound

16%







Internal organ 5%

Other specified 5%

COMMON PLACES OF INIURY



Home

33%



13%

contusion 7%

Sports Area 9%



6%



Outdoors





5th Floor, Cornwall Complex 40 Claude Road, Epsom, Auckland 1023 PO Box 26488, Epsom, Auckland 1344 New Zealand



an injury.

IN THE WAIRARAPA **DHB REGION**

DEATHS (for the period 2006-2010)

6 kids died of injury related causes.

were UNINTENTIONAL*

5 kids die EVERY YEAR because of an unintentional injury.

o-4 year old kids are most at risk (100%).





NUMBER OF DEATHS BY **ETHNIC GROUP**

European/Other: <5 | Māori: <5

Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

LEADING CAUSE OF DEATH

<5 children died from suffocation.



Note: Care must be taken when interpreting these figures as there may be some cross-over between suffocation and SUDI. The majority of deaths in this category occurred in infants < 1 year whilst they were in bed.

Other causes are:



Motor vehicle crash (occupant):



WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

O were UNINTENTIONAL*

4% were SELF INFLICTED 2% were UNDETERMINED 1% were ASSAULT *Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

68 kids are hospitalised EVERY YEAR because of an unintentional injury.

10-14 year old kids are most at risk (36%).

NUMBER OF ADMISSIONS PER YEAR BY ETHNIC GROUP (2008-2012)

European/Other: 43 (Rate: 797) | Māori: 21 (Rate: 978.8) | Pacific Peoples: <5 | Asian Peoples: <5 Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per



COMMON CAUSES OF INJURY

2009







1164

2008

RANK	0-4 years (n=102)			5-9 years (n=116)			10-14 years (n=122)		
1 st	Falls	*	41%	Falls	*	58%	Falls	*	46%
2 nd	Poisoning		13%	Other land transport	% ₽	8%	Pedal cyclist (Non-MVTC)	?	11%
3 rd	Hot water/ surface burn		11%	Cuts/ Piercing		7%	Other land transport	♣	7%
4 th	Struck by/ against *	3 A.	9%	Other specified	4	7%	Other specified	4	6%
5 th	Other specified	4	9%	Struck by/ against	3 A.	4%	Cuts/ Piercing	7/15	5%

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INJURY



Fracture

47%









Internal organ 7%

Burn 5%

COMMON PLACES OF INJURY

12%



49%



15%

Sports Area 9%

contusion 8%



Road 5%



5th Floor, Cornwall Complex 40 Claude Road, Epsom, Auckland 1023 PO Box 26488, Epsom, Auckland 1344





DHB REGION

GILLI III ES

DEATHS (for the period 2006-2010)

4,067 kids were hospitalised for an injury.

41 kids died of injury related causes.

7% were ASSAULT 5% were SELF INFLICTED 2% were UNDETERMINED

/ kids die EVERY YEAR because of an

o-4 year old kids at risk (71%).

NUMBER OF DEATHS BY ETHNIC GROUP

unintentional injury.

European/Other: 17 (Rate: 5.4) | Māori: 16 (Rate: 18.2) | Pacific Peoples: <5 | Asian Peoples <5

LEADING CAUSE OF DEATH

13 children died from suffocation.

Note: Care must be taken when interpreting these figures as there may be some cross-over between suffocation and SUDI. The majority of deaths in this category occurred in infants < 1 year whilst they were in bed.

Other causes are:



Drowning:



Motor vehicle crash (occupant): <5



Fall:



against: **<**5

WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

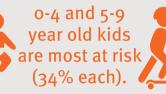
- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

1% were SELF INFLICTED 1% were ASSAULT 1% were UNDETERMINED *Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

191 kids are hospitalised EVERY YEAR because of an unintentional injury.



0-4 and 5-9 year old kids



NUMBER OF ADMISSIONS PER YEAR BY ETHNIC GROUP (2008-2012)

European/Other: 467 (Rate: 755.5) | Māori: 143 (Rate: 783.2) | Pacific Peoples: 112 (Rate: Rate: 887.8) | Asian Peoples: 70 (Rate: 372.7) Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per









2012 2008 2009 2011

COMMON CAUSES OF INJURY

RANK	0-4 years (n=1,358)				5-9 years (n=1,335)			10-14 years (n=1,264)		
1 st	Falls	*	40%	Falls	*	59%	Falls	*	47%	
2 nd	Other specified	4	21%	Other specified	4	8%	Struck by/ against	3 A.	12%	
3 rd	Poisoning		8%	Cuts/ Piercing		7%	Pedal cyclist (Non-MVTC)	P.	8%	
4 th	Struck by/ against	3 7	5%	Struck by/ against	办 不	6%	Other land transport	% ₩	6%	
5 th	Hot water/ surface burn		5%	Pedal cyclist (Non-MVTC)	P.	5%	Cuts/ Piercing	沙区	6%	

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INJURY



Fracture

47%









Superficial/ contusion 5%

Other specified 5%

COMMON PLACES OF INJURY

20%



36%



15%



organ 5%

Sports Area 10%



Road

8%

7%



This infographic was developed by:



5th Floor, Cornwall Complex 40 Claude Road, Epsom, Auckland 1023 PO Box 26488, Epsom, Auckland 1344 New Zealand

INJURIES (for the period 2008-2012) 260 kids were

hospitalised for

an injury.

IN THE WEST COAST **DHB REGION**

CHILD MURIES

DEATHS (for the period 2006-2010)

<5 kids died of injury related causes.

of these **75%** were UNINTENTIONAL*

5 kids die EVERY YEAR because of an unintentional injury.



NUMBER OF DEATHS BY ETHNIC GROUP

European/Other: <5

Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events

were UNINTENTIONAL*

1% were UNDETERMINED 1% were SELF INFLICTED 1% were ASSAULT *Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

51 kids are hospitalised EVERY YEAR because of an unintentional injury.



10-14 year old kids are most at risk (39%).

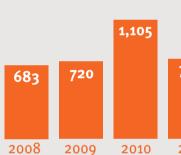
NUMBER OF ADMISSIONS PER YEAR BY ETHNIC GROUP (2008-2012)

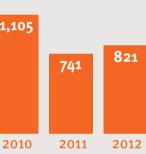
Māori: 9 (Rate: 813.3) | European/Other: 40 (Rate: 791.1) | Pacific Peoples: <5 | Asian Peoples: <5

Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

HOSPITAL ADMISSIONS RATE PER YEAR

Rate per year based on per 100,000 children.





COMMON CAUSES OF INJURY

RANK	o-4 years (n=68)			5-9 years (n=86)			10-14 years (n=100)		
1 st	Falls	*	34%	Falls	*	63%	Falls	*	38%
2 nd	Other specified	4	13%	Pedal cyclist (Non-MVTC)	P.	6%	Struck by/ against	3 A.	16%
3 rd	Hot water/ surface burn		10%	Struck by/ against *	3 1	6%	Other land transport	% ₩	11%
4 th	Poisoning	E	7%	Cuts/ Piercing		5%	Cuts/ Piercing		8%
5 th	Struck by/ against •	3 7.*	7%	Other specified	4	5%	Pedal cyclist (Non-MVTC)	†	8%

MVTC = Motor Vehicle Traffic Crash

COMMON PLACES OF INJURY



36%



16%



13%



8%



Outdoors 7%

COMMON TYPES OF INJURY







Open wound



organ 7%



Superficial/ contusion 7%



WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

This infographic was developed by:



5th Floor, Cornwall Complex 40 Claude Road, Epsom, Auckland 1023 PO Box 26488, Epsom, Auckland 1344 New Zealand f)/SafekidsAotearoa)/SafekidsNZ



an injury.

THE WHANGANUI **DHB REGION**

GILLI IJIKES

DEATHS (for the period 2006-2010)

11 kids died of injury related

causes.

2% were SELF INFLICTED 2% were ASSAULT 1% were UNDETERMINED *Unintentional means injuries where there is no intent of harm. See "Common causes of injury" for examples.

136 kids are hospitalised EVERY YEAR because of an unintentional injury.

10-14 year old kids are most at risk (39%).

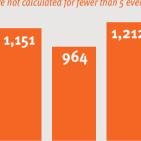


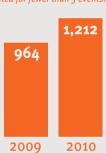
European/Other: 78 (Rate: 1,074.4) | Māori: 53 (Rate: 983.6) | Pacific Peoples: <5 | Asian Peoples: <5 Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

2008

HOSPITAL **ADMISSIONS RATE PER YEAR**

Rate per year based on per 100,000 children









892

2012 2011

18% were ASSAULT 9% were SELF INFLICTED

5 kids die EVERY YEAR because of an

o-4 year old kids are most at risk (63%).



NUMBER OF DEATHS BY

unintentional injury.

ETHNIC GROUP

Māori: 7 (Rate: 26) | European/Other: <5

Rate per 100,000 children per year. Rates are not calculated for fewer than 5 events.

LEADING CAUSES OF DEATH



Suffocation: <5

Note: Care must be taken when interpreting these figures as there may be some cross-over between suffocation and SUDI. The majority of deaths in this category occurred in infants < 1 year whilst they were in bed.



COMMON CAUSES OF INJURY

RANK	0-4 years (n=209)	5-9 years (n=203)	10-14 years (n=266)		
1 st	Falls 🛵 39%	Falls 659%	Falls 40%		
2 nd	Poisoning 14%	Struck by/ against 7%	Struck by/ against 12%		
3 rd	Other specified 8%	Other land transport 6%	Other land transport (Non-MVTC) 12% Pedal cyclist (Non-MVTC) 12%		
4 th	Struck by/ against 7%	Cuts/piercing 5% Pedal cyclist (Non MVTC) 5%	Cuts/ Piercing 5%		
5 th	Cuts/piercing 5% Natural / environment 5%	Other specified 4%	Motor vehicle crash (occupant) 4%		

MVTC = Motor Vehicle Traffic Crash

COMMON TYPES OF INJURY



Fracture

51%











Superficial/ contusion 6%

Poisoning 5%

COMMON PLACES OF INJURY

13%



40%



School 15%

organ 6%

Sports Area 10%

Road

7%

7%

Outdoors

WHAT DHB's CAN DO TO PREVENT CHILD INJURIES

- 1. Introduce and fund a DHB home visitation programme that includes safety education at a time appropriate for the child's development, including fall related injuries, child passenger safety and water safety.
- 2. Introduce a DHB child transport policy where all legal requirements for transporting children must be met. Best practice child restraint advice also recommends that children remain in an approved child restraint until they are at least 148cm tall.
- 3. Advocate for child safety measures to be considered a key priority area within the DHB policy and strategic health plans.
- 4. Ensure a safe sleep policy is implemented throughout the DHB region.
- 5. Monitor child injury rates and support activities that reduce child injury in your region.

This infographic was developed by:



5th Floor, Cornwall Complex 40 Claude Road, Epsom, Auckland 1023 PO Box 26488, Epsom, Auckland 1344 New Zealand f)/SafekidsAotearoa)/SafekidsNZ